

Virginia Department of Housing and Community Development



Division of Building and Fire Regulation
Training and Certification Office
501 North Second Street
Richmond, Virginia 23219
Telephone: 804/371-7180 Fax: 804/371-7092



Application for Certification of Code Officials and Technical Assistants

This application must be completed on both sides and printed in ink or typed. All statements are subject to investigation and verification. A copy of the test results must accompany this application and be mailed to the above address to receive State certification.

Name: _____ Driver's License #: _____ - _____

Employer Address: _____

City/State/Zip: _____

Current Employer: _____

Position/Title: _____ Work phone: () _____

- ☐ Virginia Certified Building Official
- ☐ Virginia Certified Building Maintenance Official
- ☐ Virginia Certified Building Maintenance Inspector
- ☐ Virginia Certified Fire Official
- ☐ Combination Residential Inspector (1A, 2A, 4A & 5A or B1, E1, M1 & P1)
- ☐ Combination Commercial Inspector (1B, 2B, 4B & 5B or B2, E2, M2 & P2)
- ☐ Residential Building Inspector (1A or B1)
- ☐ Commercial Building Inspector (1B or B2)
- ☐ Building Plans Examiner (1C or B3)
- ☐ Residential Electrical Inspector (2A or E1)
- ☐ Commercial Electrical Inspector (2B or E2)
- ☐ Electrical Plans Examiner (2C or E3)
- ☐ Fire Prevention Inspector
- ☐ Fire Protection Inspector (3B)
- ☐ Fire Protection Plans Examiner (3C)
- ☐ Residential Mechanical Inspector (4A or M1)
- ☐ Commercial Mechanical Inspector (4B or M2)
- ☐ Mechanical Plans Examiner (4C or M3)

Additional Information on Back

- ☐ Residential Plumbing Inspector (5A or P1)
- ☐ Commercial Plumbing Inspector (5B or P2)
- ☐ Plumbing Plans Examiner (5C or P3)
- ☐ Elevator Inspector General (6B)
- ☐ Amusement Device Inspector

I hereby attest that:

- A. I have successfully completed the examination for each category for which I am requesting certification. **A copy of my test results is attached.**
- B. I have attended the applicable modules of the Virginia Building Code Academy. (Use an additional sheet if necessary.)

Core Module _____ Date _____

Other module _____ Date _____

Other module _____ Date _____

- C. Please check one of the following statements.

- ☐ This certification is required for my position and the inspections I perform.

Please provide the date you were first employed in code enforcement in the area for which this certification is requested.

Month _____ Year _____

- ☐ This certification is not required for my position and the inspections I perform.

- D. I understand attendance at DHCD directed mandatory training is required in order to maintain my certification.

Applicant's signature: _____ Date: _____

Please notify the Training and Certification Office of any changes in address, employment location, or work status (promotions and such). All requests for information or changes must include your driver's license number.

I certify that the above named individual is employed by or under contract to, or is a prospective employee of this jurisdiction as an inspector. It is my opinion the applicant is qualified to perform the duties for the certification(s) being applied for.

Date: _____

Code Official's Signature (County/City Manager if this application is for Code Official.)

Staff review: ☐ All required documentation provided for the certification sought.
☐ Requirements for certification not met or documentation is incomplete.

Staff reviewer's initials: _____

Date: _____